PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 09/93384 N1 000468												
CLAIMS AS FILED - PART I (Catumn 1) (Column 2)								WALL E	MITTY	ОЯ	OTHER	THAN ENTITY
TC	TAL CLAIMS		A					RATE	FEE]	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		8.	ASIC FEI	355.00	OR	Basic Fee	710.00
70	ITAL CHARGE	ABLE CLAIMS	minus 20=		0			X\$ 9=		ОЯ	X\$18=	1
DAE	EPENDENT C	LAIMS	minus 3 =		0		lſ	X40=		OR	X80=	7
M	MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	/
* If the difference in column 1 is tess than zero, enter "0" in column 2								TOTAL		OR	TOTAL	710
TANDI OCLAIMS AS AMENDED - PART II											OTHER	THAN
ب	5.1.	(Column 1) (Column 2			(S R	(Column 3)		MALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA		REMAINING AFTER AMENOMENT		PREVK	BEA SUSLY,	PRESENT EXTRA		RATE	ADDI- TIONAL FEE/		RATE	ADDI- TIONAL FEE
	Total	. //	Minus	-	_	• V		X\$ 9=		OA	X\$18=	X
AME	Independent	· 3	Minus	 /		= /		X40=	X	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM '							135=	 / `		.270	7
H	Fard of						Ľ	TOTAL	/	OR	+270=	
	10-1-0	10 (Column 1) (Column 2) (Column 3						DIT. FEE	L	OR,	NDOIT FEE	
	. IV .	-		4001	} r		4000					
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. /./	Minus	-2	<u> </u>	· Ø		(\$ 9 -		OR	X\$18=	2/
	Independent	NTATION OF M	Minus II TIOI E CEI	en E				X40-	X	OR	X80=	
I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135-		OR	+270-	
	nc /	11-15-	04				ADO	HT. FEE		OR ,	TOTAL DOT, FEE	
_	· · · · · · · · · · · · · · · · · · ·	(Column 1)	,	(Colum		(Column 3)	ـــ ا					[
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PAID I	LER LUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 1/	Minus	• 2	0	• Ø	×	\$ 9=		OR	X\$18=	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Independent	· 3	Minus	•••	<u>)</u>	= Ø		(40=		ı	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								/ \	OR		\rightarrow
* If the entry in column 1 is less than the entry in column 2, write "of in column 3.												
**!	I the Tilichest Nus	mber Previously Pa	ld For IN THE	S SPACE H	less than	20, enter "20."	. 400	TOTAL HT. FEE		OR ,	TOTAL DOIT, FEE	
	f the Teghest No.	mber Previously Pe	id For the THI	B SPACE H	TOBS THE	n J, enter "J."		 		هــــــــــــــــــــــــــــــــــــ		

BESI AVAILABLE COPY